

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172
(502) 429-3300 or (800) 305-2042
Website: <http://kbn.ky.gov>

GENERAL INFORMATION AND CHECKLIST – DIALYSIS TECHNICIAN CREDENTIAL APPLICATION

This form/information is for your use only. It does not have to be returned to the Board Office.

Any person who becomes employed as a Dialysis Technician (DT), must complete a Kentucky Board of Nursing (KBN) approved Dialysis Technician Training Program.* This person may use the title "Dialysis Technician Trainee" while he/she is enrolled in the training program.

Once an individual has completed a KBN approved Dialysis Technician Training program, he/she should submit the "Application for DT Credential" immediately upon completion of the program. The DT should also send a copy of his/her DT Training Program Completion Certificate as proof of completion of the DT Training Program.

A DT who has submitted a completed an initial "Application for DT Credential" with a copy of the DT Training Program Completion Certificate, may engage in dialysis care as a "DT Applicant" once the Board office has received his/her completed application. The DT Applicant shall only practice dialysis care as an Applicant until the Board issues the DT Credential or denies the application.

See below for additional information on the application process and scope of practice.

APPLICATION CHECKLIST:

Prior to mailing your completed "Application for DT Credential" to the Board office, please make sure the following items/information are included:

- ☐ Completed application with all applicable questions/sections answered.
- ☐ A copy of your DT Training Program Completion Certificate.
- ☐ If applicable, a legal document showing your name change.
- ☐ If applicable, letter(s) of explanation and copy of court records, certified by the court.
- ☐ Passport type picture showing your facial features, with your name and signature on the back of the picture.
- ☐ Application signed by you in the presence of a notary public.
- ☐ Check or money order made payable to the Kentucky Board of Nursing for seventy dollars (\$70). The check must be signed and in the correct amount.
- ☐ When you mail your application to the Board office, please mark the outside of the envelope **"ATTN: DT PROGRAM."**

OTHER INFORMATION:

The credential will be issued for a two-year (24-month) period from the date it is originally issued. KBN will send an application form for renewal of the DT credential to each person at least 6 weeks prior to the expiration of the DT credential. Each DT must apply for renewal of his/her credential at least one (1) month prior to its expiration date. **(Note: It is the responsibility of each DT to maintain his/her current address on file with the Board office.)**

TRAINING OUTSIDE THE STATE OF KENTUCKY:

*If you completed dialysis technician training outside of Kentucky, see Section 2, 201 KAR 20:470 and the application.

APPLICATION OF REINSTATEMENT:

If you are applying for reinstatement, see Section 4 of 201 KAR 20:470 and the application. Your application for reinstatement must be processed before returning to work as a DT.

The scope of practice of the dialysis technician is listed in 201 KAR 20:470, Section 5, as follows:

Section 5. Scope of Practice.

(1) The scope of practice of a dialysis technician shall include the following and shall be performed under the direct, on-site supervision of a registered nurse or a physician:

- (a) Preparation and cannulation of peripheral access sites (arterial-venous fistulas and arterial-venous grafts);
- (b) Initiating, delivering or discontinuing dialysis care;
- (c) Administration of the following medications only:
 - 1. Heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or for administration throughout the treatment, in an amount prescribed by a physician, physician's assistant, or advanced registered nurse practitioner. The dialysis technician shall not administer heparin in concentrations greater than 1:1000 units.
 - 2. Normal saline via the dialysis machine to correct dialysis-induced hypotension based on the facility's medical protocol. Amounts beyond that established in the facility's medical protocol shall not be administered without direction from a registered nurse or a physician.
 - 3. Intradermal lidocaine, in an amount prescribed by a physician, physician's assistant, or advanced registered nurse practitioner;
- (d) Assistance to the registered nurse in data collection;
- (e) Obtaining a blood specimen via a dialysis line or a peripheral access site;
- (f) Responding to complications that arise in conjunction with dialysis care; and
- (g) Performance of other acts as delegated by the registered nurse pursuant to 201 KAR 20:400.

(2) The scope of practice of a dialysis technician shall not include:

- (a) Dialysis care for a patient whose condition is determined by the registered nurse to be critical, fluctuating, unstable, or unpredictable;
- (b) The connection and disconnection of patients from, and the site care of, percutaneously or surgically inserted central venous catheters; and
- (c) The administration of blood and blood products.

A copy of the administrative regulation may be obtained from the KBN website at <http://kbn.ky.gov>.

Should you have additional questions, please contact Richelle Livers at the Board office at 502-429-3300, extension 290.

06/12/2002, 10/04